

B 210A (Form 210A) (12/09)

UNITED STATES BANKRUPTCY COURT

Southern District of New York

In re Lehman Brothers Holdings Inc. et al.,

Case No. 08-13555 (JMP)

TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

S.E. Reijnierse
Name of Transferee

Compagnie Maritime Luxembourgeoise
Name of Transferor

Name and Address where notices to transferee should be sent:

S.E. Reijnierse,
39 Allee Scheffer
L-2520 Luxembourg

Court Claim # (if known): 41311

Amount of Claim: \$147,820.84

Date Claim Filed: 10/19/2009

Phone: _____

Phone: + 352 24 67 5272

Last Four Digits of Acct #: _____

Last Four Digits of Acct. #: _____

Name and Address where transferee payments should be sent (if different from above):

Phone: + 352 24 67 5272

Last Four Digits of Acct #: _____

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: _____
Transferee/Transferee's Agent

Date: 11/19/2011

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.


FMS SERVICES S.A.
Administrateur
Représentant permanent
Hugues Dufour


S.G.A. SERVICES S.A.
Administrateur
Représentant permanent
Sophie CHARTRENOIS

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S.E. Reijnierse

Name of Transferee

Compagnie Maritime Luxembourgeoise

Name of Transferor

Name and Address where notices to transferee should be sent:

S.E. Reijnierse, 39 Allee Scheffer

L-2520 Luxembourg

Court Claim # (if known): 41312

Amount of Claim: \$146,933.56

Date Claim Filed: 10/19/2009

Phone: _____

Last Four Digits of Acct #: _____

Phone: + 352 24 67 5272

Last Four Digits of Acct. #: _____

Name and Address where transferee payments should be sent (if different from above):

Phone: + 352 24 67 5272

Last Four Digits of Acct #: _____

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: _____
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[Signature]
FMS SERVICES S.A.
Administrateur

Représentant permanent

Auguste Dupont

[Signature]
S.G.A. SERVICES S.A.
Administrateur

Représentant permanent

Stéphane CHAMPAGNE